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20879, 7590 11/05/2009
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(Depositor's name)
(Signature)
(City)

APPLICATION NO.	FILING DATE	ENTITLED NAME/INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/684,768	10/14/2003	Sachin Navia Chheda.	200308267-1	3359

TITLE OF INVENTION: SERVER CARD POWER SWITCH

02/01/2010 SSANDARI 00000001 082025 10684768
01 FC:1501 1510.00 DA
02 FC:1504 000.00 DA

APPN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE DUE	DATE DUE
nonprovisional	NO	\$1510	\$200	\$0	\$1810	02/05/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
REHMAN, MOHAMMED H.	2116	713-300000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having at least one member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication for "Fee Address" Indication form, PTO/SB/47, Rev.03-02 or more recent) attached. Use of a Customer Number is required.	1..... 2..... 3.....

E. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type):

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

Hewlett-Packard Development Company, L.P.

Houston, Texas

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

(a) The following fee(s) are submitted:

- Issue Fee
- Publication Fee (No small entity discount permitted)
- Advance Order: # of Copies _____

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- A check is enclosed.
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- The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 082025. Enclose an extra copy of this form.

(c) Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(3).

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Authorized Signature: /David A. Plettner/

Date: January 29, 2010

Typed or printed name: David A. Plettner

Registration No. 36,241

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